

Form must be completed in blue or black ink.

Student's Name: \_\_\_\_\_

Student's SFSC ID Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Campus (circle one): **Highlands**

**Hardee**

**Lake Placid**

**DeSoto**

Use this form to request a re-evaluation of your eligibility for financial aid if your family's financial situation has changed since you submitted the Free Application for Federal Student Aid (FAFSA), or if your family had incurred expenses not reflected on the FAFSA.

**Please read and attach the following:**

- Our office must receive your processed 2018-2019 FAFSA and all other required materials before an appeal can be processed.
- Anyone requesting an appeal for special circumstance must also go through the verification process. The verification process requires submission of copies of 2016 Tax Return Transcripts and completion of the Verification Worksheet. However, if you have already completed verification for 2018-2019, it is not necessary to complete the verification worksheet or submit your taxes again.
- Reductions are granted on a case-by-case basis and supporting documentation is required. **Once all of the required documentation is submitted, your situation will be carefully reviewed. You will be notified of the results of your appeal and any changes to your eligibility within 4 weeks.**
- Bankruptcy and consumer debt, and private tuition are reasons that will not be approved.
- Submitting the Reduction of Income may not necessarily result in an increase in financial aid.
- I have attached a detailed letter explaining my circumstance, along with a timeline of events related to the circumstance.
- I have indicated the appropriate circumstance on the next page.
- I have attached the required documentation and reviewed this form for accuracy. **Important: Please do not submit any original document(s) to our office as we will be unable to return them.**
- I have provided the appropriate signature(s).
- I understand that by submitting this form, I am not guaranteed to receive additional financial aid.

## Check List (Use this to ensure all steps have been completed)

Student's Name: \_\_\_\_\_ ID: \_\_\_\_\_

Please check the appropriate circumstance(s) and required documentation on the list below. Attach the required documentation to your appeal and submit this completed form in it's entirety. **IMPORTANT: Please do not submit any original document(s) to our office as we will not be able to return them.**

In addition to completing this form, you must also attach a letter explaining the reason you are requesting consideration for a special circumstance.

1. (  ) **Loss of Earnings and/or Loss of Untaxed Income or Benefits** – In 2017 or 2018, the income of the student and/or parent will be less than the 2016 income reported on the 2018-2019 FAFSA due to the loss of employment, reduction in wages, loss of untaxed income, or reduction of untaxed income.

### Required Documentation

#### **Loss of job:**

Letter from the state unemployment agency or other evidence that student/parent is receiving unemployment benefits. If you are not receiving unemployment, provide a letter from the student's/parent's employer or termination notice that confirms last date of employment, **and**

Proof of income for any new employment (i.e., pay stub from new job)

#### **Reduction in wages:**

Copy of student's/parent's most recent pay stub, **and**

Letter from the employer indicating changed pay rate and/or hours and effective date of change.

If income reduction is a result from loss of bonuses, commission, or self-employment please contact a financial aid counselor in our office to determine when an appeal review for this type of loss can be processed.

#### **Loss or reduction in untaxed income or benefits (i.e. loss of child support)**

Letter from appropriate public or private agency that states the date benefits ended, type of benefits terminated, and total amount of benefits received for 2017 or 2018.

2. (  ) **One-time Lump Sum Exclusion** – The student and/or parent received a one-time lump sum payment that was reported on their 2018-2019 FAFSA that they will not be receiving the following year, (i.e. inheritance, sale of property, IRA distribution).

### Required Documentation

One-time lump sum must have been reported on 2016 tax return or other official document, **And**

Documentation that this lump sum amount will not be received during the year following 2016 or any other year after.

3. (  ) **Separation or Divorce** – Student and spouse have separated or divorced since the 2018-2019 FAFSA was completed.

### Required Documentation

Copy of the court order, other official document, or letter from third party which confirms date of separation or divorce, **and**

Copy of most recent W-2 from the student

4. (  ) **Death of Parent**– the parent has died since the 2018-2019 FAFSA was completed.

### Required Documentation

Copy of death certificate, newspaper obituary, or memorial service program, **and**

Copy of most recent W-2 from the student

5. (  ) **Educational Loans** – Student/Parent made payments on PLUS loans or student loans in 2017 or 2018.

Required Documentation

\_\_\_\_\_ Submit statement from lender showing payment amount and dates payments were made or copies of cancelled checks for payments made in 2017 or 2018.

6. (  ) **Medical/Dental Expenses** – Your family paid significant insurance premiums or incurred significant medical/dental expenses not paid by insurance in 2017 or 2018.

Required Documentation – Submit one or more of the following:

\_\_\_\_\_ *For payment of insurance premiums*, a statement from the insurance provider or benefits office from place of employment stating the amount paid for medical coverage. A copy of a pay stub showing the amount deducted for medical insurance is requested. Do not include employer’s contribution.

\_\_\_\_\_ For payment of medical expenses, proof of payments made by student/parent (i.e. copy of Schedule A of the 2016 IRS 1040 Federal Income Tax Form or statement of account from pharmacy/physician/dentist/hospital showing payment amount and dates payments were made, copies of cancelled checks).

For other extenuating circumstances which do not fit the categories above, please contact the Financial Aid Office to determine if a review of your circumstance can be processed.

**Certification: I understand that the Financial Aid Office will not accept my appeal if it is incomplete or lacks documentation.** I am therefore submitting my complete appeal. Once a decision about my request has been made, I will be notified of the outcome. I further certify that all information provided with my appeal is true and correct.

\_\_\_\_\_  
Student’s Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s Signature (required)

\_\_\_\_\_  
Date

***Please submit all documents to:  
South Florida State College  
Financial Aid Office, Building B  
600 W. College Drive, Avon Park, FL 33825***